

# FUNCTIONAL ASSESSMENT SERVICE TEAM (FAST) LEADER COURSE APPLICATION

NAME:	TITLE:
AGENCY/ORGANIZATION:	GOV / NGO (CIRCLE ONE)
WORK PHONE:	E-MAIL:
WHICH TRAINING LOCATION/DATES ARE YOU PLANNING TO ATTEND?	

## MY TRAINING, EXPERIENCE, AND QUALIFICATIONS INCLUDE:

TRAINING (attach copies of certificates)	DATE COMPLETED	EXPERIENCE	# OF YRS.
FAST Training		Supervisor/Lead Worker	
FEMA IS - 100b and IS - 700a		Experience In Leading Meetings	
Red Cross Shelter Fundamentals		Other _____	
Red Cross Serving People With Disabilities (recommended)		Other _____	

**Describe your professional experience and related personal experience that qualifies you to be a FAST Leader (you may include any information about current licenses that are related to your present position).**

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**Describe your emergency response experience.** \_\_\_\_\_

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**If you have any disabilities, special dietary needs, allergies or medical conditions which require accommodation during your attendance, please indicate below.**

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**Applicant:** I have read the FAQs on the FAST website (<http://www.cdss.ca.gov/dis/PG1909.htm>)

SIGNATURE

**Applicant's Supervisor:** I have reviewed the FAST program FAQs and discussed the program with the applicant. I understand and support the applicant's commitments for FAST training and deployment. ☐ I recommend this applicant for the FAST leader position.

PRINTED NAME

SIGNATURE

**Some accommodations require notification up to 2 weeks prior to the training to make the necessary arrangements.**